

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|---|--|
| Facility's Name: Paranada #2 | CHAPTER 100.1 |
| Address: 16 Hoolaulea Street, Hilo, Hawaii 96720 | Inspection Date: April 24, 2015 Annual |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|--|--|-------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident [redacted] medication not renewed by physician yearly. [redacted]</p> | <p><i>If Physician, at the time of annual physical, deem unnecessary to see individual on a quarterly basis, all medications will be checked and verified at that time. Signed Physician orders will not exceed a [redacted]</i></p> | <p>85-28-2015</p> |

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Licensee/Administrator's Signature: *Paranada*
Print Name: Leandro Paranada Sr.
Date: 05-28-2015